

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034717

FILED VS SEP 20 1960

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4505

STATE FILE NUMBER

ND

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 8 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 106 North Belmont Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LESTER Joseph DRISKELL				4. DATE OF DEATH Month Day Year August 31, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-19-1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10 years Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Pierce Driskell		13b. MOTHER'S MAIDEN NAME Ruth A. Witcher		14. NAME OF HUSBAND OR WIFE USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 491-01-8412		17. INFORMANT 106 North Belmont Avenue Mrs. Ellen Driskell Kansas City Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor pulmonale DUE TO (c) Pulmonary emphysema and fibrosis						INTERVAL BETWEEN ONSET AND DEATH 12 hours 6 years 6 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour s.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8-19-60 to 8-31-60 and last saw him alive on 8-31-60 Death occurred at 10:55p on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Herbert Shuey (Degree or title) M.D.				22b. ADDRESS 3903 Brooklyn K.C., Mo.		22c. DATE SIGNED 9-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 3, 1960		23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		23d. LOCATION (City, town, or county) (State) Richmond, Missouri	
24. FUNERAL DIRECTOR D.W. Newcomers Spons. 1331 Brush Creek Blvd. Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. 9-3-60		26. REGISTRAR'S SIGNATURE H. L. Sawyer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Herbert Shuey

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Vern Lawler*

Licensed Embalmer No.

4915

P. O. Address

HC 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.